

CHAPTER 7

SECTION 3.9

LYMPHEDEMA

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I. PROCEDURE CODES

HCPSC Level II Codes E0650-E0673

II. DESCRIPTION

Lymphedema refers to edema from accumulation of lymph secondary to obstruction to its flow.

III. POLICY

A. Lymphovenous anastomosis by open surgical correction is a covered benefit.

B. Lymphedema pumps, both segmental and non-segmental, are authorized durable medical equipment for both institutional and home use.

IV. POLICY CONSIDERATIONS

A physician's prescription is required for all claims for the segmental type pumps with or without a calibrated pressure gradient.

V. EXCEPTIONS

Lymphovenous anastomosis by use of a special needle for insertion of lymphatic vessels directly into the veins is not a covered benefit.

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